

DIVISION OF HEALTH SERVICES
HEALTH PLANNING - COMMUNITY DEVELOPMENT
JULY 1, 2007 - JUNE 30, 2008
BUDGET NO. 558-400606

ACCT. NO.	ACCOUNT NAME	CURRENT BUDGET	DIFFERENCE	PROPOSED BUDGET
4330	STATE GRANTS	(218,600.00)	-	(218,600.00)
	TOTAL STATE REVENUE	(218,600.00)	-	(218,600.00)
5102	SALARIES & LABOR	165,530.00	(12,935.00)	152,595.00
5135	LAPSE TIME RESTRICTION	-	(4,628.00)	(4,628.00)
	TOTAL SALARIES & OVERTIME	165,530.00	(17,563.00)	147,967.00
5510	RETIREMENT BENEFITS - COUNTY	11,587.00	(906.00)	10,681.00
5511	OPEB RETIREE INSURANCE	10,760.00	(841.00)	9,919.00
5515	FICA	-	-	-
5516	MEDICARE COVERAGE (MQFE)	2,235.00	(175.00)	2,060.00
5520	GROUP LIFE INSURANCE	1,126.00	(103.00)	1,023.00
5540	GROUP HOSPITAL INSURANCE	-	-	-
5543	CIGNA INSURANCE	11,642.00	-	11,642.00
5560	DISABILITY INSURANCE	2,648.00	(207.00)	2,441.00
5591	OJI MEDICAL INSURANCE	2,566.00	(201.00)	2,365.00
5592	UNEMPLOYMENT COMP INS	545.00	(43.00)	502.00
	TOTAL FRINGES	43,109.00	(2,476.00)	40,633.00
6006	APPAREL-EMPLOYEES	-	-	-
6016	DATA PROCESSING SUPPLIES	-	4,500.00	4,500.00
6026	EXPENDABLE FURNISHINGS	-	4,000.00	4,000.00
6028	FOOD & FEED PURCHASES	500.00	-	500.00
6042	MATERIALS & SUPPLIES	-	4,500.00	4,500.00
6046	MEDICAL SUPPLIES	-	-	-
6048	MEMBERSHIP, PUBS & DUES	-	-	-
6052	OFFICE SUPPLIES	500.00	4,100.00	4,600.00
	TOTAL SUPPLIES	1,000.00	17,100.00	18,100.00
6404	ADVERTISING	-	-	-
6413	COPY DUPLICATING	-	-	-
6419	EDUCATION & TRAINING	500.00	(500.00)	-
6428	FREIGHT & STORAGE	-	-	-
6446	LOCAL TRANSPORTATION	500.00	(500.00)	-
6467	TRAVEL	500.00	700.00	1,200.00
	TOTAL SERVICES	1,500.00	(300.00)	1,200.00
6628	INSURANCE	-	-	-
	TOTAL PROF. & CONTRACTED	-	-	-
6771	COMMUNICATIONS EXPENSE	861.00	(861.00)	-
6777	MAINT EQUIPMENT	500.00	(500.00)	-
6795	RENT - EQUIPMENT	(300.00)	1,800.00	1,500.00
6798	RENT - BUILDINGS & LAND	-	-	-
	TOTAL RENT, UTILITIES & MAINTENANCE	1,061.00	439.00	1,500.00
6831	PETROLEUM SERVICES	-	-	-
6832	FLEET MANAGEMENT SERVICES	-	-	-
6850	COPY MACHINES	-	-	-
6852	PRINTING INSIDE	1,200.00	800.00	2,000.00
6854	MAIL SERVICES	-	-	-
6874	TELECOMMUNICATIONS SERVICES	5,200.00	2,000.00	7,200.00
	TOTAL O&M CONTRA EXPENDITURES	6,400.00	2,800.00	9,200.00
9804	TR/T INDIRECT COST	-	-	-
	TOTAL TRANSFERS	-	-	-
	TOTAL EXPENDITURES	218,600.00	-	218,600.00
	NET COST	-	-	-

DIVISION OF ADMINISTRATION & FINANCE
TELECOMMUNICATIONS
JULY 1, 2007 - JUNE 30, 2008
BUDGET NO. 961-201501

ACCT. NO.	ACCOUNT NAME	CURRENT BUDGET	DIFFERENCE	PROPOSED BUDGET
4262	SERVICE INCOME	(4,284,350.00)	(2,000.00)	(4,286,350.00)
6771	COMMUNICATION EXPENSE	3,538,244.00	2,000.00	3,540,244.00
	NET OPERATIONS	<u>(746,106.00)</u>	<u>-</u>	<u>(746,106.00)</u>

DIVISION OF ADMINISTRATION & FINANCE
PRINTING SERVICE
JULY 1, 2007 - JUNE 30, 2008
BUDGET NO. 961-307305

ACCT. NO.	ACCOUNT NAME	CURRENT BUDGET	DIFFERENCE	PROPOSED BUDGET
4262	SERVICE INCOME	(1,577,515.00)	(800.00)	(1,579,515.00)
6461	PRINTING OUTSIDE	484,961.00	800.00	486,961.00
	NET OPERATIONS	<u>(1,092,554.00)</u>	<u>-</u>	<u>(1,092,554.00)</u>

DIVISION OF HEALTH SERVICES
HEALTH PLANNING
JULY 1, 2007 - JUNE 30, 2008
BUDGET NO. 558-400606
COST CENTER HC606

POSITION NO.	JOB TITLE	STATUS	COMPENSATION		
			CURRENT	DIFFERENCE	PROPOSED
011058	Manager A	1	\$ 61,927	\$ 149	\$ 62,076
990617	Pas C	1	\$ 35,141	\$ 103	\$ 35,244
990616	Public Health Coordinator	1	\$ 40,516	\$ (14,341)	\$ 26,175
990618	Office Coordinator	1	\$ 27,946	\$ 1,154	\$ 29,100
Total			\$ 165,530	\$ (12,935)	\$ 152,595

PER PAY PERIOD - APRIL 2008 THRU JUNE 2008

POSITION NO.	JOB TITLE	STATUS	COMPENSATION		
			CURRENT	DIFFERENCE	PROPOSED
011058	Manager A	1	\$ 2,599	\$ -	\$ 2,599
990617	Pas C	1	\$ 1,475	\$ -	\$ 1,475
990616	Public Health Coordinator	1	\$ 1,850	\$ -	\$ 1,850
990618	Office Coordinator	1	\$ 1,173	\$ 40	\$ 1,213
Total			\$ 7,097	\$ 40	\$ 7,137

DATE: 04/24/08

IN-HOUSE ROUTE SHEET
RESOLUTION CHECK-OFF LIST

BUDGET #:	558-400606
PERIOD OF TIME:	07/01/07 - 06/30/08
AMOUNT:	\$20,600.00
DESCRIPTION:	BUDGET ADMENDMENT - TN DEPARTMENT OF HEALTH HEALTH PLANNING - COMMUNITY DEVELOPMENT

	INITIALS	DATE RECEIVED	FORWARDED
SECTION MANAGER	_____	_____	_____
DEPUTY ADMINISTRATOR	_____	_____	_____
COMMENTS:	_____		

	INITIALS	DATE RECEIVED	FORWARDED
ACCOUNTANT	_____	_____	_____
BROOKS	_____	_____	_____
COMMENTS:	_____		

	INITIALS	DATE RECEIVED	FORWARDED
RUSSELL	_____	_____	_____
BENNETT	_____	_____	_____
COMMENTS:	_____		

	INITIALS	DATE RECEIVED	FORWARDED
LACHAPELLE	_____	_____	_____
COMMENTS:	_____		

	INITIALS	DATE RECEIVED	FORWARDED
FARRIS	_____	_____	_____
COMMENTS:	_____		

	INITIALS	DATE RECEIVED	FORWARDED
PHS ADMINISTRATOR	_____	_____	_____
COMMENTS:	_____		

	INITIALS	DATE RECEIVED	FORWARDED
MADLOCK	_____	_____	_____
COMMENTS:	_____		

	INITIALS	DATE RECEIVED	FORWARDED
HIPPA REVIEW	_____	_____	_____
COMMENTS:	_____		

CONTRACT AND ENCUMBRANCE INFORMATION SHEET

THIS SHEET MUST BE COMPLETED, SIGNED BY THE DEPARTMENT HEAD AND DIVISION DIRECTOR AND ATTACHED TO ALL CONTRACT AND RESOLUTION PACKETS BEFORE ANY ACTION WILL BE TAKEN.

1. Department Requesting Services: HEALTH DEPARTMENT

2. Preparer's Name, Telephone #, and E-Mail Address:
Johnathan Russell 544-7585 johnathan.russell@shelbycountyttn.gov

3. DESCRIPTION OF ITEM TO BE PURCHASED, BUILT, OR SERVICE TO BE PROVIDED:
Administrative Mini Multi-Services Contract with TN Department of Health. Provides revenue to fund three (3) grant programs: Health Planning, Health Risk Reduction and Tobacco Prevention.

4. NAME, ADDRESS, VENDOR NUMBER, SOCIAL SECURITY NUMBER, AND/OR FEDERAL I.D. NUMBER OF VENDOR/CONSULTANT/AGENCY WITH WHICH SHELBY COUNTY WILL BE CONTRACTING:
TN Dept. of Health
Cordell Hull Bldg. 425 5th Avenue North
Nashville, TN 37247
VENDOR NO./FED ID NO. 16687

5. COST OF ITEM OR SERVICE REQUESTED: \$ 20,600.00 Budget Revision

6. TERM OF PROPOSED CONTRACT/AGREEMENT: 07/01/07-06/30/08

7. FUND, ORG, AND ACCOUNT NUMBER (13 DIGITS) ****FOR MULTIPLE ACCOUNTS, PLEASE SPECIFY DOLLAR AMOUNT FOR EACH****
Fund 558 - One grant program - no funds to encumber

8. COMMODITY CODE: 961

9. VENDOR/CONSULTANT/AGENCY SELECTED BY (CHECK ONE) :
****PLEASE ATTACH APPROVAL DOCUMENTS****

a.		Bid/RFP Process - # & Date
b.		Emergency/Sole Source

Revenue Contract with TN Dept. of Health

10. LOSB/MBE INFORMATION: Please check the appropriate description

<u> </u>	MBE	(MINORITY OWNED BUSINESS ENTERPRISE)
		<u> </u> MALE <u> </u> FEMALE
<u> </u>	WBE	(WOMEN OWNED BUSINESS ENTERPRISE)
<u> </u>	LOSB	(LOCALLY OWNED SMALL BUSINESS)
		ANNUAL SALES DOES NOT EXCEED \$3 MILLION
<u> </u>	X	N/A

11. SPECIAL INSTRUCTIONS (ROUTING, FUNDING, BUDGET TRANSFER IN PROCESS)

REVIEWED AND APPROVED BY:

DEPARTMENT HEAD

DATE

DIVISION DIRECTOR

DATE

